

FMS Foundation Newsletter

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October 1, 1993

Dear Friends,

Ann's Sister: "I hate what you did. I don't hate you. You had enough strength to get out. I love you."

Ann: "You do?"

"She's a mess," Ann's Sister explained. "She sounds terrible. She has nothing left, friends or money or job. Her insurance ran out and then she cashed in all her retirement money for therapy and then that ran out and she has not been in therapy. She owes money to the Internal Revenue Service. She wants to see Mom and Dad. She said that she loves them and that she doesn't believe in the horrible memories that she had. What a waste!"

We have had so many reports of returners* and retractors in the past few weeks that we can barely keep count. The number, however, is still not greater than the number of devastated families who call. Yet in the office, the change seems dramatic.

(* ("Returners" are people who resume communication with their family; "retractors" are people who have disavowed the memories of abuse and acknowledge such ideas as false memories.)

What are the patterns? we are asked. One pattern that seems to be emerging is that brothers and sisters often play a key role. Returners and retractors seem to be coming from families that we would describe as active and persistent in their efforts to reach the person they love. It is often a sister or brother who is the link. The retractors and returners tend to be younger and unmarried.

A second pattern that seems to emerge is that a significant event such as death, serious illness or birth is a factor.

"She showed up after three years when her Dad had a triple bypass. I was worried that she planned a "death bed" scene out of Courage to Heal but she let me hug her. She acted like everything was perfectly normal but her eyes looked so funny. They were glassy and had black circles and her hair was stringy. After the operation she talked with her father and she said she wanted to be a part of the family and wanted to have joint counseling with a new therapist."

A third pattern to emerge from the reports is of "downgraded" accusations. For example, one dad called to say that he finally got so frustrated that he wrote to his daughter and her therapist and quoted the Paul McHugh comment in the box on this page. He said that he got letters in response from both the therapist and his daughter saying that they were taking his letter into serious consideration. The daughter made an appointment to see another therapist and after that visit informed

her dad that she no longer believed that he had sexually abused her. But, she said, he was an SOB and she didn't want anything to do with him. Reports have been received in which the "repressed memories" of sexual abuse are said to be doubted. Other always-remembered incidents are then reinterpreted and used as evidence that the family was "dysfunctional." Because of "dysfunction," the actions and anger caused by the "repressed memory" are claimed to be justified even if that special memory were not true. In this way, the person still claims victim status. The question parents ask is, "How do you know your memory or perception of the more recent past is necessarily accurate?"

Why are people changing their minds? we are asked. The critical factor appears to be learning that memories cannot be retrieved as if they were stored like a videotape recording, that they are not infallible and that some can be true, some a mixture of fact and fantasy and some false. People are changing their theories.

Changing Theories: Human beings (even infants) are theory builders and the past decade has seen a profound advance in understanding of the processes by which they construct theories for themselves. People revise their theories as they get new information.

Many people, professionals and families alike, have held theories that were based on a view of memory as operating like a videotape recorder. Under such a theory, it would make sense that "memory enhancement techniques" could be used to retrieve information and that all such recovered information would be historically accurate. As more up-to-date scientific information about memory processes has become available, people are changing their theories about how reliable their memories are. It is not easy. In a sense we are our memories and to question them is to question our understanding of ourselves.

In addition to an increased understanding of the processes of memory, understanding of the "power" inherent in the therapist-client relationship must be revised. A large number of people have been unaware of the full extent of this power. Independent of the issue of "why" this is the case, we must create a climate in which people can change their theories about clinical relationships and influence.

People who—in a cult-like manner—assiduously cut off sources of contradictory information and surround themselves exclusively with like-thinkers can be unduly vulnerable to suggestion. They are likely to suspend critical judgment and get trapped into belief that under ordinary circumstances they would not accept. They undermine their own

"To treat for repressed memories without any effort at external validation is malpractice pure and simple; malpractice on the basis of standards of care that have developed out of the history of psychiatric service...and malpractice because the misdirection of therapy injures the patient and his or her significant others."

Paul McHugh, MD

Chief of Psychiatry, Johns Hopkins
"History and the pitfalls of practice"
Talk presented at Memory and Reality: Emerging Crisis conference, Valley Forge, PA, April 16-18, 1993.

"Validation without corroboration by the therapist of the patient's memories has serious ethical and possibly legal consequences."

Fred Frankel, M.B.Ch.B., D.P.M.
Psychiatrist in Chief, Beth Israel Hospital; Professor, Harvard University

"Adult reconstruction of childhood events in the multiple personality literature," American Journal of Psychiatry 150:6, June 1993, p 954.

clinical relationships and influence.

"courage to reason." Cults count on the individual being removed from the usual environment and from others who protect them and from others who ask "why."

Child sexual abuse is a horrendous, an unconscionable act, and people guilty of such acts should be punished to the full extent of the law. But "*To claim that some abuse memories are false is not to dismiss all abuse memories as false...poor contaminated evidence or even iatrogenic memories, and litigation based on these, have the inarguable effect of biasing future fact-finders against those true victims...we do them no service by suppressing a balanced discussion of the issues.*" Those who try to squelch open discussion by saying that "*even to discuss false accusations or false memories is politically incorrect since it may deter victims from revelation of abuse*" miss the point between what is appropriate in therapy as opposed to what is appropriate elsewhere. (Gutheil, "True or false memories of sexual abuse? A forensic psychiatric view," *Psychiatric Annals*, 23, 9, 1993.)

"How is this change of mind happening?" we are asked. In order to change their theories, people need new information. How are they getting it? Although we have been accused of running a "slick public relations machine," (*The Healing Woman*, September), the truth is far more simple. We have no PR firm, no machine and we are not profiting financially from our efforts. We are simply parents reporting on what happened to our children. Here are a few of the many places where parents have spoken out this month:

Popular press: The reporters who contact us have been extremely responsible about consulting with experts and getting their facts straight. While their articles necessarily feature emotionally laden topics, they are the primary vehicle for the dissemination of information. The September *AARP Bulletin* article by R. Hey, "Shadow side of memory" is one example. An hour-long PBS TV Current Affairs program in Salt Lake City is another.

Professional publications: *The Family Therapy Networker* devoted the September issue to FMS. Senior editor Wylie significantly advanced the level of discussion about research related to trauma and repression for therapists who read this journal. Articles by Calof and Yapko provide focus to issues that must be addressed in order for therapists to change their theories. Yapko's article is very important for every parent to read.

Professional conferences: The brochures that we receive indicate that FMS is being seriously discussed in both the mental health and legal communities. The wide coverage given to such sessions at the American Psychological Association conference in August is an example. In Canada, the Criminal Lawyers' Association 23rd annual convention Nov 5-7, is entitled "Human Memory and Sex Abuse Cases: The Misuse and Abuse of Science."

Investigations: Although some government agencies are investigating the practices of some therapists about whom they have received complaints, the investigation into "practice" is being done primarily by the media and a few

professionals. The data that we reported last month from Yapko's study on professional misinformation about memory must surely spur self-reflection. The *Houston Chronicle* article "Haunted dreams," reprinted in this newsletter, will likely cause some people to change their theories. For those who were also able to see the outstanding HBO documentary, "*By Satan Possessed*" this month, we suspect there will be many who will join the ranks of Ken Lanning of the FBI, George Ganaway, M.D. and so many others who have revised their theories about the existence of satanic conspiracies.

Survivor newsletters: Callers have told us they learned about FMS through one of the more than 25 published survivor newsletters even though the material incorrectly presented the concerns of the Foundation. "*They will not accept the idea that memory may be distorted, inaccurate or otherwise deceptive. This tenaciousness should be more fully addressed.*" wrote a sister about what we have described as a closed system or cult-like thinking or totalistic thinking.

For those who have adopted a non-negotiable, totalistic, black-white view on repressed memories and abuse, FMS is threatening. People in closed (total) systems necessarily undermine themselves because they can not see the larger picture nor can they obtain new information to revise theories. Those who hold that 'children never lie' and that 'memories of abuse are always true' set the stage for 'cry wolf.'

It seems to us that survivors, professionals and families share concern that a "*facile formulation of 'child sexual abuse' may replace a careful clinical assessment of a complex history,*" (Gutheil, *Psychiatric Annals* 23, 9, 1993). No one we know endorses either child abuse or false accusations. False accusations will only result in the 'cry wolf' reaction of disbelief. We are not at that point and we should not reach it. Patterns of thinking spread across cultures much as patterns of weather sweep across continents. Sometimes these bring storms in which people get caught. When the storm is from weather we take shelter. When the storm is from ideas, we can change our theories.

Survivor newsletters have a very important role to play in the dissemination of information about memory and a very difficult task ahead of them if they are to help their constituency (our children). We hope that they can move beyond a "totalistic" view of child sex abuse. We hope that they will print our message:

*We love our children.
We wish that they would talk with us.*

Pamela

For More Information about Retractors

(1) *The Retractor Newsletter*, 4 issues, \$12.00—

P.O. Box 5012, Reno, NV, 89513.

(2) *True Stories of False Memories*, Goldstein & Farmer, 517 p., \$16.95; SIRS, phone 800-232-7477, fax 407-994-4704. Mention FMSF and the Foundation receives 40%.

Of Legal Interest

It would be naive to think that education about memory and changing theories will by themselves bring about the satisfactory conclusion of the FMS phenomenon. They are necessary but not sufficient. Much of what happens will be determined by the courts as issues of accountability are raised.

Recent Michigan Court of Appeals Decision

In a decision of September 20, 1993, written by Judge Marilyn Kelly, the Michigan Court of Appeals reversed a Circuit Court ruling that the statute of limitations barred the claim of the plaintiff in *Lemmerman v Fealk* because the plaintiff lacked corroboration of her allegations of physical and sexual abuse. Plaintiff should not be denied the benefit of the rule on the basis that he or she would have difficulty proving his or her case. Corroboration is a proof problem, not a requirement to be met before courts can apply the rule. In balancing the question of "fairness," the courts agreed that there is greater "harm to the plaintiff denied a remedy than the harm to the defendant confronted with a stale claim." The decision is likely to be widely discussed.

Of significance to families are the assumptions that are made by Judge Kelly. Citing a 1988 case, the judge assumed the accuracy of the statistic that 33% of the population has experienced some form of child sexual abuse. Citing a 1990 case, the judge assumed that repressed memories once recollected are recognized as valid without any objective evidence or corroboration. Specifically, "psychological trauma attendant upon child sexual abuse is likely to activate repression mechanisms which can prevent a victim from consciously recognizing the abuse."

These assumptions are interesting because they come at a time when there is increasing recognition of the fact that to make sense of statistics on child sexual abuse, one must define the abuse in question and consider the way the statistics are collected. A 1992 report from the National Center for the Prevention of Child Abuse in Chicago notes, for example, a range from 6% to 62% in studies of the sexual abuse of women before age 18. In addition, these assumptions come at a time when the psychological community is actively debating the reality of repressed memories. While the debate flares, it is still the case that there is agreement within the psychological community on many issues such as the fact that some memories of events are true, some a mixture of fact and fantasy and some are false. There is agreement that memories of events are reconstructed and reinterpreted. There is no scientific evidence for any other process involving memory of events.

A person who is guilty of child abuse should surely be punished. How can legal decisions that assume the validity of assumptions under dispute help that effort?

"In this emotionally charged area, being accused, even falsely, is as destructive as being convicted."

Thomas Gutheil, MD, *Psychiatric Annals* 23: 9/1993.

Post-Traumatic Stress Disorder and the Law: Critical Review of the New Frontier

Alan A. Stone, MD,

Bulletin of the American Academy of Psychiatry and the Law, Vol 21, No 1, 1993. pp 23-36

A diagnosis of post-traumatic stress disorder often plays an important role in the discussion of the long term effects of childhood sexual abuse in repressed memory of abuse cases. Is the diagnosis of post-traumatic stress disorder (PTSD) truly scientific? This is a question that is raised by Stone's review article. "No diagnosis in the history of American psychiatry has had a more dramatic and pervasive impact on law and social justice." Appearing first in the American Psychiatric Association's *Diagnostic and Statistical Manual, Third Edition (DSM-III)* in 1980, the PTSD diagnosis transformed the perception of Vietnam veterans, from social outcasts into victims. The diagnosis has also played a critical role in cases involving "battered woman syndrome" and "rape trauma syndrome."

"PTSD has become the lightning rod for a wide variety of claims of stress-related psychopathology in the civil arena. Unlike the diagnostic concept of neurosis, which emphasized a complex etiology, PTSD posits a straightforward causal relationship that plaintiffs' lawyers welcome. Beyond its significance as an apparent solution to the legal problem of causation, PTSD's greatest importance is that it seems to make matters scientific and objective that the court once considered too subjective for legal resolution." The author goes on to note that

since PTSD has been recognized as a mental disorder that can be isolated and diagnosed, it is a legitimate issue with respect to establishing liability and that, "Lawyers are told that such claims even include the effects of invisible trauma." He writes that evidence that was formerly considered 'subjective' has been "transformed into 'objective'" and probative evidence by the expert who puts such symptoms together in a neat scientific package as PTSD."

Many families who have contacted the foundation have reported that their accusing child claims to suffer either from PTSD or Multiple Personality Disorder (MPD). The children claim that the absence of stress symptoms at the time of alleged abuse and while they were growing up is explained because they repressed the memory.

Most families who contact the foundation complain of the terrible stress and trauma they have incurred because of the loss of their child and of the devastation of being falsely accused of a crime. The DSM-III-R describes PTSD as resulting only from events "that would be markedly distressing to almost anyone." The loss of a child and being falsely accused are clearly among the most traumatic and stressful of emotional experiences.

A diagnosis that is not based on fact is malpractice. A diagnosis that is without basis and that wreaks havoc on the lives of many people is an issue of professional accountability.

**James W v Superior Court
17 Cal. App. 4th 246 (July 1993)**

The Court of Appeals has issued a Writ of Mandate in the now familiar "Wade" case of California. The parents of the child (Alicia) who had been raped and sodomized filed a complaint against a therapist and temporary foster mother, for misconduct centering on defendant's alleged coercion of the girl to name her father as the perpetrator during the two and one-half year period after the crime had been committed and reported.

In its decision, the Court noted that there is a distinction between the people who make an initial report and the officials who come later. It discourages family counselors and foster parents from taking on roles they are not adequately prepared to perform."

In the Court's discussion on the "expanded immunity concept," it noted, "The law recognized that, where counselors abuse a therapeutic relationship with family members, causing injury to the children, emotional distress to the parent and disrupting the parent-child relationship, they breach their duties of care to the parent as well as the children and are liable to both."

The Court concluded, "In the final analysis, the conduct alleged in this complaint falls beyond the reach of the reporting act. [Defendants] had nothing to do with the child abuse identified and reported at the outset by the hospital. Their alleged coercion of Alicia continued over the next two and one-half years—long after any "emergency" had passed, after Alicia was out of harm's way, and after the authorities were actively involved, investigating and prosecuting. to hold such conduct protected is to immunize virtually anyone coming in contact with an abused child. We do not believe such an interpretation is warranted by the reporting statute.

Texas State Seminar

August 13, 14, 1993

**Dealing With Victims of False Memories:
Hearing-Hoping-Helping-Healing**

Ninety-six people attended this meeting including therapists, attorneys, retractors, families and reporters. The informative program included: Laura Pasley, *Victory and Perspective over the Past*. Paul Simpson, Ed.D. and Eric Nelson, *Origins of False Memories—A Psychological Perspective; Common Misconceptions About Repressed Memories; Results of Retractor Study*. Skip Simpson, Esq. *False Memories, False Therapy, and the Court Room*; Pamela Freyd, Ph.D. *Past, Present and Future of FMSF*. Danny Mack, *Grieving the Loss of a Loved One Still Living*. Diana Halbrooks joined the discussion panelists

Tapes Available Call- Jim Grady 817-267-3992

UPDATE ON PROFESSIONAL TASK FORCES

In England, the British Psychological Association has recently formed a task force to study the issues of FMS. The six member committee is chaired by John Morton, Ph.D., an expert in memory. The committee expects to complete its report by December.

The Task Force of the American Psychological Association held its first meeting in August and we are waiting for details of the committees that have been proposed by the American Psychiatric Association and the American Medical Association. As we have spoken with representatives, however, it is clear that too many professionals do not understand the urgency of the FMS situation. Families are needed to help educate professionals. These are important people to contact:

American Psychological Association

Frank Farley, Ph.D. (President)
4222 Yuma Drive
Madison, WI 53711

American Psychiatric Association

John S. McIntyre, M.D. (President)
1400 K. Street, N.W.
Washington, DC 20005

American Medical Association

Joseph T. Painter, M.D. (President)
515 N. State Street
Chicago, IL 60610

Excerpt from "The Seductions of Memory" by Michael Yapko, *The Family Therapy Networker*, Sept., 1993

"He told his wife that he simply couldn't deal with the memories of his horrible experiences in Vietnam. In the 20 years of their marriage, she had seen enough strange behavior from him to believe it. One night, he went berserk in an apparent reaction to the sneakers she happened to be wearing. After he calmed down, he told her that his Vietcong captors were similar sneakers when they regularly dragged him out of his bamboo cage in order to beat and urinate on him..."

"He went to see a therapist, who diagnosed him as suffering from post-traumatic stress syndrome and treated him for severe depression and explosive anger. He spent an inordinate amount of time obsessing about his experiences in Vietnam and was unable to make sense of what happened to him there." One day he committed suicide.

"After his death, his wife attempted to get his name placed on the state Vietnam War Memorial, declaring him as much a casualty of that war as anyone who had actually died there. To support her effort, his therapist wrote a letter on his behalf, also requesting that his name be included among those of the other war dead. ..Much to the shock and dismay of both his wife and his therapist, it became inescapably clear that he had never been in Vietnam at all.

Awareness of Problems of False Accusations

The allegations of sexual abuse by Michael Jackson have greatly increased public awareness of the terrible damage done by such an accusation. Following are from clippings that came across our desk as we were preparing this newsletter.

Newsweek September 6, 1993

The Shield of Vulnerability by Jonathan Alter

"American attitudes toward child abuse are more sophisticated than they were five or 10 years ago. The danger of witch hunts is better understood. If nothing more on Jackson comes out, it's a good bet that Oprah and the rest will book shows in upcoming weeks with titles like, "Men Who Are Falsely Accused of Child Abuse."

Washington Post, Aug 30, 1993

Nothing more than feelings, by

Jonathan Yardley

".. a culture that has become fixated on abuse of all varieties—child abuse, spousal abuse, substance abuse, sexual abuse—and is prepared to believe the worst of any individual charged with same. Accusations of abuse are flung this way and that, occasionally with ample documentation but too often with little more than the self-righteous fury of those who make them."

Roanoke Times & World-News,
August 29, 1993

Jackson now king of bad publicity,

Associated Press

"No one remembers the retractions. All they remember are the allegations."

Rocky Mountain News. Sept 6, 1993

When children's tales abuse truth by Dave Shiflett

"No one should doubt that there are plenty of perverts who deserve roasting, nor should anyone underestimate the difficult task facing often besieged social workers. But there should be some penalty for leading children to bear false witness against innocent people, and a wider recognition that some "memories" are actually fantasies."

Washington Post, July 25, 1993

The Freudian Referral Slip by Sally Horwatt

"America is at war against sex offenders. As an experienced psychotherapist who has seen therapy fads proliferate, I fear that we are in for a particularly bad time. State after state is drafting ill-conceived legislation to wipe out the blight of sex abuse. Across the country, poorly trained "experts" are creating their own field of "psychology," wreaking havoc with their patients and the Constitution. Uncorroborated memories of child abuse are accepted uncritically. The incest book industry tells readers that, if they are anxious and depressed with loss of self-esteem, they were probably abused."

Mankato (MN) Free Press September 10, 1993

Editorial, "Guard against false child-abuse claims"

"While great progress has been made in bringing the evils of child abuse to the surface, there are clear signs that the system designed to protect children is too often misused against adults. People accused of child abuse are forever tarnished. Even if authorities find no evidence to file charges, those accused generally are found guilty in the court of public opinion. Sixty percent of the nearly 3 million child-abuse allegations made each year are unsubstantiated"

USA Today September 1, 1993

"Treat child-abuse claims with care; punish frauds"

"Since the child abuse act in 1974 set up mandatory reporting of abuse cases, the number of cases has more than doubled, to 2.9 million this year. And more of those reports are found to be unsubstantiated—60% this year compared with 35% in 1975....Victimizers of children most surely deserve prosecution. But victims of false abuse claims deserve protection, too."

Tribune-Review of Western PA August 31, 1993

Editorial, No-win accusation

"It's time to send a message to those, who through recklessness or malevolence, take away what can't be fully recovered in the wake of such charges—a good reputation."

National Review, September 6, 1993

Trial by Therapy by Mark Sauer and Jim Okerblom

"...even allegations proven false stick; some adults falsely accused of molesting children have said they would rather have been accused of murder."

Washington Post, July 25, 1993

The Crucible, Part II by Stefan Martin

"As for those who suffer genuine sexual harassment, as well as those who are unjustly accused, they deserve more than our pity. They deserve a process that defines sexual harassment in terms of what a defendant does, not what a plaintiff feels; that compels those sitting in judgment to base their verdict on that definition and on testimony, not rumor; and that recognizes the capacity of people, often in the guise of good, to do evil."

Arkansas Times, August 5, 1993

Editorial

"The Edenton case is not just a horrifying aberration. Adults across the country are suddenly 'remembering' that they were abused as children, and filing civil lawsuits and criminal charges against aged parents... Claims of long-ago child abuse, 'blocked out' from memory until now, have become a common defense tactic. Unscrupulous 'therapists' and sensationalist writers feed the frenzy."

"Anything goes against accused abusers, especially the right to a fair trial".

Mid West Sex Abuse Conference —U of Wisconsin

The FMS phenomenon is propelled by the refusal of some therapists to meet families. This is a part of the "totalist" cult-like behavior that we have described. It is much easier to hold a view of the "parent as perpetrator" if therapists never have to talk with families or read their stories. Last month we mentioned the Ann Arbor conference in which a speaker publicly vilified her parents, but the parents were not permitted to be present to present another view. This month we have another conference report.

In 1992 the Foundation's application to exhibit articles, books and papers at the MidWest Sexual Abuse Conference at the University of Wisconsin in Madison was rejected. In 1993, the application was at first accepted but then later rejected. We received the following reply to our appeal of this rejection:

The planning committee for the Midwest Conference on Child Sexual Abuse and Incest has recently met to discuss your appeal. The committee has maintained its original position of not approving your organizations request for exhibit space at the conference

The committee has in the past and will continue to address the different perspectives on the issue of repressed memory. We feel that this can best be accomplished by inviting prominent speakers in the field to present this information. We have included on our faculty a member of the False Memory Syndrome Foundation Advisory Board, Dr. Elizabeth Loftus. She will be part of a plenary session and also presenting a workshop on Thursday morning October 7. The check that accompanied your application is enclosed. Thank you for your interest in our conference.

Sincerely

James A Campbell, Ph.D., Jill Cohen Kolb, M.A.
Conference Co Coordinators.

Is this a principled decision or is it exclusionary? If the topic of false memories is important enough to invite memory researcher Elizabeth Loftus to speak, how can it also be the case that material that pertains to this topic is not appropriate to be displayed? This is the question that we are asking accrediting organizations and representatives of University of Wisconsin, co-sponsor, recipient of public funding.

This is a list of the approved Midwest Conference exhibitors: Launch Press, American Professional Society on the Abuse of Children, Protective Behaviors, Exchange Center for Prevention of Child Abuse, Wallach Surgical Devices Inc, Waukoesha Hospital, Pathway Community Services, Willowglen Academy, *The Healing Woman*, Welborn Hospital's Mulberry Center, Recovery & Discovery Bookstore, The Skylark Company, Osmega Academy, Wisconsin Committee for Prevention of Child Abuse, National Resource Center on Child Sexual Abuse, Rogers Memorial Hospital, SHARE Program, Hormne Youth & Family Program

Is FMS A New Phenomenon ?

We are often asked how the FMS phenomenon began and we reply that in time historians and social scientists will tell us. "Feminism's Identity Crisis" by Wendy Kaminer in the October issue of *The Atlantic Monthly* gets that work off the ground. Kaminer, the author of *I'm Dysfunctional; You're Dysfunctional*, notes:

The marriage of feminism and the phenomenally popular recovery movement is arguably the most disturbing (and potentially influential) development in the feminist movement today. It's based partly on a shared concern about child abuse, nominally a left-wing analog to right-wing anxiety about the family. There's an emerging alliance of anti-pornography and anti-violence feminists with therapists who diagnose and treat child abuse, including "ritual abuse" and "Satanism" (often said to be linked to pornography).

Kaminer expresses concern that the uncritical acceptance of the use of hypnotism in retrieving memories will harm the image of feminism. She is also concerned about the broad recovery definitions of abuse that encourage equating parental insensitivity with parental violence. She asks why feminist victimology seems more pervasive among middle and upper class whites than among lower-income women, and women of color. She suggests that many important questions need to be raised, but that in the current climate it is considered heresy to suggest that there are degrees of suffering and oppression or to question the testimony of self-proclaimed victims.

Kaminer's observations are made through the lens of the feminist movement. That movement is clearly one important aspect of the FMS phenomenon in terms of encouraging the closed-system, totalistic thinking. Emerging political movements almost always exaggerate their "oppression" and attack the powerful and the rich. That is par for the course. In the FMS phenomenon, victimization has become the ideal, the preferred state. Women (mostly) redefine their personalities and reinterpret their pasts to meet that ideal. Celebrities lead the way. To maintain their new image, "victims" become more and more cult-like in their behavior. They must cut themselves off from their families in order to maintain their image. Psychotherapy, with the recent emergence of a new* theory of "repressed memories," provides a mechanism and rationale. (*Freud's abandoned)

The incest recovery movement is a totalistic movement. People caught up in it undergo an ideological conversion sometimes referred to as thought reform. A few months ago, we recommended "Thought Reform and the Psychology of Totalism" by Jay Lifton, University of North Carolina Press, 1989 as an introduction to understanding totalistic thinking. Another book that we urge readers to examine (from the library because it is out of print) is "Coercive Persuasion" by Edgar Schein, Norton, 1961.

In Chapter 11, Schein theorizes that some mind control processes can be found in all persuasive situations: (1) Unfreezing, (2) Changing, (3) Refreezing.

Unfreezing: the psychological preparation for giving up one's old self. Schein notes that most total institutions have as part of their routine of inducting a new member what may best be described as "mortifications of the self," which serve symbolically to destroy the old self by destroying its external trappings. Thus entry into religious orders involves giving up one's usual clothes, one's usual physical comforts, one's normal physical routine. There is usually a deliberate degradation of the individual during initiations.

"In a therapy setting the patient is told that the cure will not come quickly or painlessly, thus predisposing the patient to tolerate some of the painful aspects of unfreezing. Second, the patient is put into a position of being less expert about his conditions than the therapist and therefore less able to judge when termination is appropriate. Third, the patient feels the tremendous threat that if he does anything to displease the therapist he may lose the help which is being offered as well as incur the displeasure or wrath of a person whom he has invested with considerable authority."

Schein's observations emphasize that the therapist-client relationship is one of tremendous power and influence. It follows that therapist expectations play a critical role and that when and how a therapist asks about "abuse" may greatly alter the course of therapy. When clients are urged to talk publicly about their abuse, they prepare themselves for a new image and belief system.

Changing: Schein suggests that the actual change in belief may come about through identification with an individual in authority or with someone in a peer group. When therapists advise their clients to attend survivor support groups, they are facilitating the change process. When celebrities speak out, clients may identify with these people in authority.

Refreezing: There needs to be social support for a person to maintain his or her new identity. Schein reports on an informal survey that was done with individuals who had converted at a Billy Graham Crusade in New York. Only those individuals who were later integrated into local churches maintained their faith. For the others, conversion was a temporary process. For repressed-memory survivors to maintain their new identity, they must cut off contact with any contradictory information. That is why they cut off contact from their families.

It is the isolation that is the key to the FMS phenomenon. The assiduous avoidance of contradictory information is the key to totalistic thinking.

Apology—We apologize to readers who found the Nethaway article about "Whining about abuse" in the last newsletter to be offensive. Unfortunately, a 'cry wolf' reaction is predictable when people equate victim status from "feelings of parental neglect" with "parental physical abuse."

OUR CRITICS

Memory Recovery Is A New Practice

The False Memory Syndrome Foundation was created in response to a crisis in mental health: the sudden creation of thousands of people discovering "memories" of childhood abuse while undergoing therapy. Many of our critics are now claiming that this is not a newly appreciated phenomenon but one that just wasn't being talked about. This is, perhaps, a critical issue. If the phenomenon was not appreciated until recently even by "abuse-oriented" therapists, then there is a good chance that it belongs on the long sequence of mental health fads that turn out to be a matter of universal embarrassment once they lose their popularity. Our critics might want to consult one of their own. In his 1989 book *Therapy for Adults Molested as Children, Beyond Survival*, John Briere, Ph.D. refers to a "small proportion of survivors" with no memories prior to therapy and refers to these clients as representing a newly appreciated phenomenon. Some relevant passages [to which we have added the emphasis]:

Even more problematic than such partial repression is a phenomenon only recently appreciated by abuse-oriented therapists: complete loss of childhood sexual abuse memories. Clients who are completely amnestic regarding their abuse may present with a variety of psychological complaints and issues, such as abnormal reactions to sex, repeated involvement in destructive relationships, or inexplicable anger or distrust of males. Many therapists in the abuse area describe such clients, in whom they see multiple signs of a sexual abuse history despite the client's protestations of a "happy" childhood. Fortunately, as described in Chapter 6, many of these individuals recover their abuse memories during therapy—especially if the therapist remains open to the possibility that abuse has occurred. [page 49]

Specifically, as noted in Chapter 3, a small proportion of survivors totally dissociate themselves from memories of severe childhood victimization—typically reporting long "blanks" in their memory for early life events. This total repression of abuse is, obviously, hard to identify or "prove" when it occurs, since the majority of clients who dissociate in this way deny being abuse survivors in the first place. Most clinicians who specialize in abuse, however, have clients who they are relatively convinced were sexual abuse survivors, despite their clients' claims to the contrary. [page 118]

Most of our critics believe that at least one third of women were abused as children. Do they also believe that only a small proportion totally dissociate themselves from these memories? If so, is it the case that nearly one third of

Do you have access to e-mail? Send a message to
pjfcis.upenn.edu
if you want to receive notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential). The list is not a "bulletin board". Its only use is to send occasional notices of broadcasts.

women have always had some memory of their abuse? What percentage of eighteen-year-old women have those memories? Or does one always have to wait a decade in order to have the memory? We will write to Dr. Briere to seek his answers to these questions.

Several reporters informed us that they had received a letter from Renee Fredrickson, Ph.D. of Fredrickson & Associates, author of *Repressed Memories: A Journey to Recovery from Sexual Abuse*. The letter, dated August 16, 1993, contained the following passage:

Many established professionals who work with sexual abuse have maintained that the False Memory Syndrome Center is an organized, well-funded group of accused sexual abusers. As such, the group functions as a tool to harass, intimidate, and aggressively silence adults who have delayed memories of sexual abuse. The group falsely claims to serve as a grass-roots response to child abuse hysteria, painting professionals who work with child sexual abuse as irresponsible, incompetent "witch hunters."

We wonder about "totalistic thinking" whenever we see reports of unverified claims. Unverified claims are propaganda, not science. Dr. Fredrickson now accuses of just that. We challenge her to verify a single instance of our claiming (falsely or not) to be "grass-roots".

From our Readers

FROM PROFESSIONALS:

"As I've looked back on the cases I've helped on, I can identify an 'intermediary,' usually someone with a self-serving agenda, sometimes a woman using the women's movement agenda as motivation and rationale, and sometimes just very selfish motivation. Women who never had any memories of abuse are approached by someone who helps them 'interpret' their experiences as sexual abuse. Although the 'intermediary' appears to be neutral and objective, s/he turns out to be more than an advocate: a zealot. They often work effectively with an ins or a system to establish their credibility without the others testing for credibility! Without that testing, the intermediaries then have a field day fulfilling their goals."

from a "retired psychiatrist"

(Editor's note: As we read this letter, we noted how the writer's observations described the "changing" stage described in Schein's theory of coercive persuasion.)

(Editors note: The following letter was in response to the May Newsletter in which the question was asked if we were "in danger of dumping on social workers and counselors who in good faith have gone to CE programs

to upgrade their professional skills...Are therapists also victims?)

"Therapy of one sort or another is required as a rehabilitative and/or corrective agent for those who break various laws; therapy is provided when a tragedy occurs at a school or work place, for support and to prevent future problems or potential problems; therapy is the universal remedy for whatever unpleasant feelings, or for whatever human inadequacies one feels one has.

The belief is that therapy can make one whole, achieving or regaining good mental health, which has been defined for us by professionals, 12-step groups, books, seminars, etc as well, using ideas and beliefs that seem to be somehow connected but have no need for a basis or proofs in reality. Reports of words stated, often in altered states of consciousness, or merely hearing what others say, is all the proof that is needed, if the words seem to somehow fit into the boundless and unchecked belief system.

Those persons who have not yet come to accept this belief system are considered to be still in ignorance, in denial, a hindrance to the goal of good mental health in all, and so must be dealt with as purveyors of evil are dealt with, castigated, and avoided except for attempts to subdue them by punishing or attempts to convert them.

Once again, licensed professionals are accountable and responsible for their practice. Those who have accepted this unfounded-in-reality and wishful fictitious belief system are nevertheless practicing in the real world where they are accountable for their practice. If we consider therapists to be victims, without the power or ability to have made other choices, we, too, have neglected critical thinking and are being drawn into the belief system.

A Nurse

FROM FAMILIES:

(Editors note: The following sad letter from a retractor describes the only case of the more than hundred that we know about in which a retractor's family is not ready to accept her return. The pain and embarrassment to the family, the pain and embarrassment to the retractor -- we must find ways to help. In the meantime, both retractors and families have suggested that at the local level, some informal arrangements can be made by families to help the people who are struggling to regain control of their lives and they question very deep and profound beliefs about their history and themselves.)

Dear FMSF Families,

I realized I had made a mistake. I was brainwashed by a thought and a terrible book. I began therapy with a new doctor and began piecing my life back together again. It was then I decided to write my parents a letter of explanation, apology and love. The woman I talked with also wrote a letter to my mother relating her situation to mine. It was then that I took both of these letters to my mom and just left afterwards. Three days later, I received a court summons saying my mom filed charges on me for criminal trespass. All I did was give her what she asked for in an effort to rebuild my family's name and bring

my family together again. My new doctor asked them to come in and they still refused saying I wasn't in enough pain yet. My mother today says she wants no relations with me whatsoever.

So I write to you, the parents, begging you to make an effort to end both your sorrows by working together. Remember love is unconditional. Don't abandon your children. What has happened was not intentional. I realize your life has been turned upside down but by shutting the door on your child, you're only losing the chance to make things a little less painful day by day. You need each other. I would do anything in the world to change the past but I can't. I can, however, try and make a better future for myself, my family and all of you.

I would also like to say something to those who believe they might have False Memory Syndrome. I want to tell you that just because you now realize the problem and are ready to deal with it doesn't mean your family will be back. In the end, you may still have lost your family, but at least you have a conscience.

In conclusion, I hope that if any of you have any questions, you will feel free to contact the False Memory Syndrome Foundation. I want to one day help other people this has happened to.

Last, but most importantly, Mom and Dad, if you're reading this, I want you to know I will always love you and am heartfully sorry.

Dawn

(Editors note: There are often tears in the office - tears of sadness, tears of frustration because so many people in positions to help just don't understand the urgency of the problems the families face. Along with the reports of returners and retractors, we receive reports from families in which the accusers may never know that they were loved and forgiven. How many letters like the next three must we print? The problem is not for the person who has died, the problem is for the living.)

"My husband I were in attendance at the Memory and Reality conference last April. The conference meant so much to him. It was a real help. He died June 10th—just couldn't hold on any longer for the heart transplant. The hardest thing about his death for me is that he died without this terrible accusation being resolved."

A widow

"It is with regret that I inform you of the death of my husband. Our daughter, who was estranged from us, came home after her father had a massive heart attack. He never regained consciousness. She was by his bed side for the 10 days before his death. No one will ever know if he knew if she was there. Not one word about the false accusations has been mentioned. I am sure that the stress of the last two years led up to the heart attack. It was something he could not understand, but he had forgiven her."

A widow

"My husband died about three months after our daughter's confrontation which was, of course, absolutely devastating. I'm afraid now that the truth will be even more painful to our daughter, if or when she finally realizes that her memories are false. It's so sad and there is no way I can help her."

A widow

--- Memories went too far for belief

"Our daughter seemed angry and asked for a period of no communication in the fall of 1991. She had confided in her sisters during that period that we were wondering what she was angry about. At the beginning her three sisters believed her. They said she was very convincing and they couldn't imagine anyone making up those things. They all asked us if we would be willing to take lie detector tests and we said "Of Course." But that is a no-win solution as they would then say we were "in denial." Anyway, we never

took one and don't intend

to. Her sisters started doubting her sexual abuse accusations after she also accused her father of murdering a hitchhiker in our basement and he and I of burying him in the backyard. Also some of her accusations became cult-like and the list kept growing and continuing to an older and older age. By the time we met with her and her counselor in March 1993 the sexual molestation had allegedly gone on until she was 18. These were all said to be "repressed memories."

After the meeting with the counse-

lor, she severed all relations with her father. She left a small crack open for me and I have received a Mother's Day card and a letter near my birthday a few weeks ago.

A Mom

"In the very first session, the therapist began asking what awful things her parents had done. In the early sessions our daughter laughed and protested she had perfect parents and a perfect childhood. However, as time went forward and she joined a group of abused women, she soon found she, as all the others, had repressed memories of sexual abuse. She is unable to remember when or where the abuse took place, but "knows it must have happened." Since her involvement in this group, she hates all men and has no contact with her childhood and college friends."

A Mom

"I am enclosing copies of replies to two of my letters. I am very impressed that both these gentlemen took the time to write to me—heck, I'm only one individual! You can see that both these replies are thoughtful and weren't written in ten minutes.

"I wonder how many parents realize the impact their letters can have?"

A parent

"You hold the keys to your own prison."

A mom to her daughter.

"An idea I'm suggesting to my other six children that I would prefer they send contributions to FMSF in lieu of Christmas, birthday and other gifts, since this would be by far the most thoughtful thing they can do for me. I'm also working on ways to suggest to our closer friends who ask how they can help, that they do the same thing."

A Dad

"My parents were somehow able to continue to believe in unconditional love and in the danger of excluding someone from the day to day details of extended family life. My father was able to speak frankly to my sister, saying that he didn't understand what she was talking about. My sister credited my father and that particular conversation with part of her sorting process. (In that conversation my father said he discussed the fact that no-fault auto insurance has been adopted by many states because of the fallibility of memory over time.) Sister of a retractor

According to a Milwaukee psychiatrist, Ashok Bedi, some people with poisonous snakes were victims of sexual abuse. "They were abused by the male organ. Owning a snake is an attempt to master the abuser. The poisonous snake represents the abuser. They are trying to tame the abuser who abused them. They were victims of the snake emotionally. Now, the snake is captive in its little box."

Joe Manning, *Milwaukee Sentinel*,
July 22, 1993.

wanted to feel that he was doing something to help us. Considering the circumstances, it was pleasant spending this time together with my father — just the two of us.

The meeting went well, as I had hoped it would. My father told his story, and managed to put in a plug about what wonderful parents my wife and I were to our daughter.

Now he has the trial to look forward to, another source of worry for him. This is not how I envisioned him spending his last years. Life is not fair, but this is ridiculous!

A Dad (A Son)

"Definitions"

submitted by a substance abuse clinician

Note: These definitions in no way reflect disdain for any patient who may be suffering the ill effects of this irresponsible treatment.

Breaking the silence — Going on Oprah Winfrey, Sally Jesse Raphael, Donahue, and Geraldo and then writing a book.

Abuse — What your therapist convinces you that your family deserves in order for you to get better.

Post-traumatic stress — An extreme panic reaction experienced upon suddenly realizing how much your years of bogus therapy have actually cost you.

Dysfunctional family — Any family which is not regarded as perfect after being judged or evaluated by experts who are.

In denial — The terminology applied to people who are open to facts and to other opinions (when being addressed

by people who are not.)

Therapist-assisted retrieval — What happens when a therapist who doesn't know you remembers what happened to you before he met you.

Shame — Something you don't need anymore if only you can convince your family that they do.

Guilt — Something the other person should have in abundance because you simply don't want any.

The Family Therapy Newtorker

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We encourage readers to obtain the September/October issue that is devoted to FMS. The Family Therapy Networker has also given us permission to reprint "The Seductions of Memory" by Michael Yapko. It is listed on the FMSF Article Order Form.

A Grandfather's Experience

My father is 87 years old. He has health problems. He should be enjoying the company of his adult granddaughter, having fun with his great-grandson, and looking forward to his sixtieth wedding anniversary. Instead, he is involved in a horrendous nightmare.

Briefly, our 32-year-old daughter has falsely accused first me, then my wife, then my mother, and now my father of sexual and satanic ritual abuse. She has also filed a civil lawsuit against my wife and me. As difficult as it was to tell my mother of the allegations against her, it was even harder to later tell my father that he too was accused of horrible acts. He was always so loving and giving, both as a parent and a grandparent. I was a perfect son in his eyes. Of course, they made mistakes as parents, and so did we. But abuse — never!

This past summer, our attorney requested that I bring my father to his office so that the accusations against him could be discussed. Prior to that visit, I can't think of the last time my father spoke to an attorney. He was understandably anxious about the meeting, and wondering about the questions he would be asked. I spent some time trying to reassure him that our attorney was a very nice man and that the atmosphere would be non-threatening. I don't think I appeased his qualms very much. More than anything, he

Haunted dreams: real or implanted? Woman says therapy begat visions

By MARK SMITH

Sunday September 12, 1993

Reprinted with permission of *Houston Chronicle*

Lucy Abney went into treatment for depression but came out with more than 100 alternate personalities and horrifying memories of a past spent in a satanic cult. By the time Abney finished two years of therapy, she had flashbacks of cannibalism, blood drinking, orgies and the sacrifice of three of her babies. She said her therapist warned that some of her personalities could be turned on or off by a secret "programming code" and that her husband was a high priest in the satanic cult.

"The memories were very real, very vivid," said Abney, who said she had never had such visions before she began therapy in 1991. But after leaving a psychiatric hospital where she had spent nearly a year and more than \$300,000, Abney suddenly had doubts about her bizarre memories: Were they real or fantasy? Abney, 45, of Houston decided they were fantasy and she blames her psychologist for her false memories and misplaced concerns about satanism.

Abney's case is similar to a growing number nationwide in which "repressed memories" have suddenly sprung forth, unleashing allegations of sexual abuse, satanism and other claims. A national parents' group, the Philadelphia-based False Memory Syndrome Foundation, has sprouted to support family members who claim their children have falsely accused them of child abuse.

The issue has divided therapists, who slugged it out at the annual American Psychological Association convention in Toronto in August. An APA panel of three scientists and three clinical practitioners agreed on two points: It is possible to create "false" beliefs and it is possible to revive a "lost" memory.

Abney's case is not simple. While her two daughters - who claim abuse at the hands of their stepfather and a satanic cult - are temporarily in the state's custody, Abney said she has filed a complaint against her psychologist, Judith Peterson. The state Board of Examiners of Psychologists reports having five complaints against Peterson, but will not reveal their nature or who filed them. The state department of Mental Health Retardation, in a series of inspections of Spring Shadows Glen psychiatric hospital, where Peterson was clinical director of the dissociative disorders unit, cited these violations: overuse of physical restraints on patients, censorship of patient mail and phone calls and, in one case,

making a patient's discharge contingent upon safety from a "satanic cult."

As an example of the restrictions, Abney said that when her husband tried to deliver a carnation to her, he was turned away and later told the flower could have "caused mass hysteria on the unit." She said patients were warned such items as flowers could trigger alternate personalities. And Peterson is the target of separate malpractice lawsuits by former patient Janice Granata and members of another family who recanted memories of satanic cult abuse.

"I am not the person those people claim I am," Peterson says. "I am being lied about." Peterson specifically denied responsibility for any of the violations cited in the MHMR investigation. She said that, as a psychologist, she is unable to order patients into restraints or admit and discharge patients. She said only medical doctors have such authority. Citing client confidentiality rules, Peterson will not discuss specific cases. But she denies having created anyone's memories: "They (clients) bring the content to therapy. The therapist does not."

She now disavows a belief in mind-controlling satanic cults. Instead, repressed memories of satanic ritual abuse, Peterson says, might actually be several layers of memory implanted in patients by "organizes crime" to sidetrack therapists and law enforcement officials.

"I think organized crime could use people in child prostitution and drug running and then through (memory) layering disguise or cover it," Peterson said recently in an interview with her attorney present. Peterson, 47, who has a doctorate in psychology, has built a national reputation as an expert at helping clients retrieve repressed memories.

For the past six years, she has traveled around Texas and the nation lecturing and promoting video training tapes espousing the ability through hypnosis and specialized treatment to uncover previously buried memories. She has helped build a 75 member study group in Houston for treatment of multiple personality disorders.

Despite her current disavowal of a satanic cult conspiracy, she co-authored a case study in 1990 of four family members whom she described as members of "transgenera-

Utah Satanic Abuse Task Force

According to a report by Dan Harrie in the *Salt Lake Tribune* on September 19, 1993, the Utah task force charged with the criminal investigation of stories of satanic ritual abuse conspiracies has spent \$250,000 and has found nothing. All but a handful of cases have been discounted or set aside for lack of evidence. The Atty. Gen. of Utah, Jan Graham, has yet to settle the issue. "She says satanic ritual abuse may be real, may be phony, or may be a practice used by child abusers to terrorize victims and make them unbelievable witnesses."

Dr. Corydon Hammond, University of Utah psychologist and professor, was interviewed. Reporter Harrie said that Hammonds seems to want to distance himself from his previous position on satanic ritual abuse that was taped in an Arlington, VA training session and which is available from Audio Transcripts for \$100. In June 1992, Hammond said, "My best guess is that the purpose of it [the satanists] is that they want an army of Manchurian candidates - tens of thousands of mental robots who will do prostitution, do child pornography, smuggle drugs, engage in international arms smuggling, do snuff films, all sorts of lucrative things and do their bidding. And eventually, the megalomaniacs at the top believe, [they will] create a satanic order that will rule the world." Harrie reported that Hammond said he has ceased practicing or lecturing in that area.

tional orthodox satanic cult." Her description of the family fits that of Kathryn Schwiderski and her three children. Schwiderski and her husband, Dennis, and two of their children, are suing Peterson for malpractice.

Again citing client confidentiality, Peterson will not confirm that her case study is of the Schwiderskis. She also refuses to discuss the report, as does her co-author, Houston therapist Cynthia Zarling. They presented their study to the 7th International Conference on Multiple Personality/Dissociative States in Chicago three years ago.

"The mother was born into the cult and the involvement can be traced back two generations," according to a summary of the Peterson-Zarling study provided at the conference. "The major memories as documented nationally by other cult victims were found in this family, including details about human sacrifice, cannibalism, black hole, shock to create alters (other personalities), marriage to Satan, buried alive, birth of Satan's child, internal booby traps, forced impregnation and sacrifice of her own child."

Today, Peterson tries to downplay the gory details.

"The paper wasn't about blood and babies and all that," she said. "It was about dynamics within a family." According to Dennis Schwiderski, the dynamics within the family and many other aspects of family life were destroyed by Peterson. In his suit filed in Harris County state district court, Schwiderski claims his family was selected for treatment of satanic cult ritual abuse "not because his family had in fact been part of a 'cult,'" but because it would be very profitable."

Schwiderski, an executive with Conoco Inc., and his insurance carrier paid out more than \$2 million for treatment with Peterson, her staff, other therapist and several private psychiatric hospitals. Schwiderski, along with his ex-wife, son and daughter, allege in individual lawsuits that Peterson and other therapists attempted to bilk insurance from them while often placing patients in restraints and ordering them to recall cult activities.

None of the Schwiderskis will talk about their suits against the therapist, but Kari Schwiderski, 20, alleges in her suit that she spent her junior and senior years of high school locked up in a psychiatric ward "being treated for 'abuse' by a non-existent 'satanic cult.'" The suit claims Peterson diagnosed Kari as suffering from multiple personality disorder attributable to her by participation in "a satanic cult from Tomball."

Peterson, along with the staff at Houston Northwest Medical Center, often placed Schwiderski in restraints, the suit alleges, "ordered her to recall purported cult activities, and punished her by restriction of her hospital privileges if she failed to do so." Peterson, the suit added, also told Schwiderski that she had "killed babies in 'cult' rituals but had repressed these memories" and that both her parents had "sexually abused and tortured her."

Kari's mother, Kathryn Morgan Schwiderski, claims in her suit she was "often placed in physical restraints" and was threatened with punishment if she did not describe her alleged participation in 'cult' activities."

Meanwhile, another Schwiderski daughter has not recanted her satanic cult memories. Kelly Schwiderski, 22, remains so convinced of her cult involvement that she gave an affidavit to the Harris County Sheriff's Department admitting to three homicides in a 'fetus factory' in Colorado. A sheriff's detective spent two years investigating her claims but found no evidence to support them, according to law enforcement sources. Sheriff's deputies declined to discuss the case, saying it is still part of an open investigation.

Peterson says she has never threatened any of her patients with restraints, involuntary commitment, or planted fears that they were in danger from satanic cults. She also says it is not unusual for patients to recant.

"It's real normal for people to recant things that they have either difficulty dealing with or they have lots of shame about, or they feel they might go to jail about. That's one of the big problems with my parents - recanting, because that's a good way out (for them)," Peterson said. As for what is real and what is fantasy, Peterson says only her patient have the answer to that.

As with the controversy surrounding repressed memories, questions have been raised for years about the accuracy of memories recalled during hypnosis. In 1985, an American Medical Association panel studying the issue warned that hypnosis can lead to "increases in false recollection and confabulation." Abney says hypnosis played an important part in her therapy while under Peterson's care.

And the accuracy of memories of satanic abuse has been challenged in several high-profile cases, including the McMartin Preschool child abuse case in California, in which the operators of a day-care center were acquitted.

In Austin several months ago, operators of Fran's Day Care were convicted of sexual abuse, with testimony from children who had memories of satanic ritual abuse during therapy. Sean Nash, father of one of the children alleging abuse, said of his 4 year-old: "When we asked him general questions he was very clear. Mostly he told us about the satanic cult such as being buried alive in boxes and sacrificing dogs." Although many of the children's stories uncovered during months of therapy could not be verified, Austin police believe substantial portions of their tales were true.

While most experts in the field of mental health agree that sexual abuse has been underestimated in the past, they worry that a number of cases are the result of imagined memories created through the biases of therapists. Critics

What is Dangerous

Elizabeth Loftus

Women Who Remember Too Much
to appear in Freyd, P et al (Eds.), *Memory & Reality*

"What is truly dangerous, however, is that anyone who dares to express skepticism whenever another woman cries, 'I just found memories too!' is accused of being anti-woman, or a traitor to the feminist cause. Cognitive psychologists in particular are frequently told that they have no business speaking to the concept of repression of traumatic events. We are labeled rather contemptuously (and somewhat inaccurately) as merely 'academic researchers who study normal memory in volunteer subjects' or worse, as helping to perpetuate the 'stereotypes of women as irrational, suggestible or vengeful' (Herman & Harvey, 1993).

py while under Peterson's care.

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While most experts in the field of mental health agree that sexual abuse has been underestimated in the past, they worry that a number of cases are the result of imagined memories created through the biases of therapists. Critics

believe that at least some of the memories of satanic ritual abuse are part of a cultural sex abuse hysteria in which psychotherapy has spun out of control. And law enforcement agencies strengthen that argument.

Thousands and thousands of police hours have been spent on satanic cult investigations searching for killings and murders and no evidence has come up," said Robert Hicks, a criminal analyst with Virginia Criminal Justice Services, who has investigated satanic ritual abuse for more than a decade. Ken Lanning, with the FBI's behavioral science unit in Quantico, Va., has investigated hundreds of cases since 1981 with "little or no evidence" of a massive cult with the ability to control members' minds.

Those in the mental health field say that despite the current debate over repressed memories and satanic cults, only a small percentage of therapists buy into cult conspiracy theories. But those who do may allow their bias to enter their cases.

"Because of the context and the bias of the therapist, they could interpret recollections as somehow fitting into a satanic ritualistic mode," said Dr. Bruce Perry, a psychiatrist and expert on child sexual abuse with Houston's Baylor College of Medicine. I think there are some people who have had some false memories put into their head during therapy. The memory is very fragile."

Perry offers the example of one of his own patients who believed she had recovered memories of cult abuse with a previous therapist. The woman remembered being injected with needles as adults chanted and held her down. But after listening to her for about an hour, Perry said he realized she was not describing satanic ritual abuse, but chemotherapy she had had during childhood. Perry said he was concerned that his patient's earlier therapist had misled her.

Elizabeth Loftus, a psychology professor at the University of Washington and one of the members of a panel studying repressed memories for the American Psychological Association, offered her theory for how false memories are created. A growing body of research, she wrote in a May article for *American Psychologist* magazine, shows that new information can be incorporated into an old memory, altering one's recollection. The new information invades us like a Trojan horse, precisely because we do not detect its influence."

Lucy Abney now believes much of the substance of her satanic memories came from materials she had seen or discussed.

"I think a lot of the stuff I came up with was from books I had read during therapy, materials on television and from what other people in treatment were saying," Abney

said.

Peterson, meanwhile, believes therapists are being victimized. She compares the attacks on her and many of her peers with the problems faced by Sigmund Freud, founder of psychoanalysis. In his initial hypothesis on "hysteria" among women he treated, Freud initially found they had been sexually abused by their father or a relative, Peterson said.

"In a Victorian society that was not something that was not acceptable, and so he changed his thinking and changed his belief and decided that it was all fantasy ... I don't have a problem with Freud; I just know how he felt."

Change in Procedure in Family Count

We are changing office procedures to accommodate the dramatic increase in calls for information from retractors, returners, and professionals and to try to reduce the number of calls from the office to get details. When we receive a request for information, we now send an "introductory" letter that lists material available from the foundation. Although we may have made a note that "this appears to be a family," and in the past would have called back immediately for information, we now wait to receive information in writing from the caller. There are 95 "appear-to-be" cases in the last 2 weeks. In the past, we have not included "retractors" in the family count because the criteria for identification needed refinement. In future counts, these people will be added to our count of "affected families."

Collecting information in an accurate and systematic manner is critical. Sometimes families do not understand why we do not include in our count the affected families they tell us about in their church or neighborhood. We can't. The numbers we publish are extremely conservative. They reflect only those reports in which we have information that can later be examined by independent researchers interesting in determining error rates. The Foundation is accused of harboring "perpetrators." Records that can be verified by responsible independent professionals must be kept to address that charge.

We understand that this procedure means than many families may never contact the Foundation. We've never kept a running count of callers we suspect are families who request information in a packet with no return address. We've never kept a running count of people we suspect are families who call and talk but who are too afraid to leave their name. *"Do you have to print my name?"* they ask. We include in our monthly count only those reports that can be verified by qualified, independent researchers.

WHERE DO 5,426 FAMILIES LIVE ? SEPT 27, '93 (See "Change in procedure")

AK (10)	AL (19)	AR (18)	AZ (150)	CA (877)
CO (91)	CT (52)	DE (20)	FL (226)	GA (63)
HI (8)	IA (40)	ID (28)	IL (226)	IN (63)
KS (48)	KY (19)	LA (22)	MA (134)	MD (92)
ME (27)	MI (170)	MN (96)	MO (103)	MS (6)
MT (33)	NC (74)	ND (6)	NE (26)	NH (24)
NJ (127)	NM (39)	NV (22)	NY (252)	OH (193)
OK (52)	OR (137)	PA (283)	RI (17)	SC (27)
SD (12)	TN (41)	TX (215)	UT (160)	VA (85)
VT (24)	WA (245)	WI (163)	WV (12)	WY (11)
	DC (7)	VI (3)	PR (1)	

Australia (5) Canada (312) England (200) France (2) Germany (1) Ireland (1) Israel (2) Netherlands (1) New Zealand (1) Scotland (1) South Africa (1)

Each family represents many people.

FMSF MEETINGS**FAMILIES & PROFESSIONALS
WORKING TOGETHER**

Notices for meetings scheduled between mid-November through December must reach FMSF no later than October 25th to be included in the November newsletter. Please mail or fax your announcement to Nancy's attention. Thank you.

WESTERN STATES**CALIFORNIA***

GREATER LA AREA, Upland
1st and 3rd Mondays, 7:30 pm
Call Marilyn (909) 985-7980

North County Escondido
Contact Joe or Marlene
(619) 466-5415

Central Coast Meeting
Sat., Nov 13, 1993, 10 am - 1 pm
Call Carole (805) 967-8058

MIDWESTERN**KANSAS & MISSOURI**

Kansas City
We need your help
to educate professionals"
2nd Sunday each month
Contact Pat (913) 238-2447
or Jan (816) 276-8964

KENTUCKY
Lexington

Sat., October 23, 1993 - 7 pm
Holiday Inn North
I-75/I-64 - Exit 115
Contact Bob (502) 957-2378
or Dixie (606) 356-9309

MICHIGAN
GRAND RAPIDS AREA

Jenison
2nd Monday each month
Call Catharine (606) 363-1354

The Michigan Info Newsletter
P O Box 15044,
Ann Arbor, MI 48106
(313) 461-6213
Notices about meetings

MINNESOTA
St. Paul

Sat., Nov. 13, 1993 - 9 am-3 pm
Kelly Inn - Sibley Room
Call Terry/Collette (507) 642-3630

ILLINOIS

ILLINOIS AREA FALL MEETING
Sat., Nov. 13, 1993 - 9 am 6pm
Prairie Lakes Community Center
515 E Thacker St,
Des Plaines, IL
Call Liz /Roger (708) 827-1056

WISCONSIN

Attention Wisconsin!
If you wish to participate in a phone
tree, please call Katie or Leo (404)
476-0285.

NORTHEASTERN**PHILADELPHIA/
SOUTH JERSEY**

Wayne, PA
2nd Sat. each month - 1 pm
Call Jim or Jo (215) 387-1865

MAINE

Freeport, 60 Desert Rd
3rd Sunday each month
call Wally (207) 865-4044

MARYLAND

Annapolis

Seminar & Organization Meeting
Sat., Oct. 30, 1993 - 9 am-4:30 pm
Annapolis Holiday Inn
Speaker: Paul R. McHugh, MD
Call Carol (410) 647-6339

NEW ENGLAND MEETING

Oct. 24, 1993, 1 pm
Carriage House, Chelmsford, MA
Call Jean (508) 250-1055

TRI-STATE MEETING

Connecticut/New York/New Jersey
Contact Renee, (718) 428-8583
Grace (201) 337-4278 or
Barbara (914) 761-3627

WESTERN NEW YORK

First Presbyterian Church of Pittsford
21 Church St, Pittsford
(SE of Rochester, NY)
Call Loni (716) 385-4873

SOUTHERN STATES**FLORIDA****STATE-WIDE MEETING -
Orlando**

Sat-Sun, October 9-10, 1993
Best Western Buena Vista Hotel
For information, call
Esther (407) 364-8290
Rose (305) 947-0095
Jackie (813)

SOUTHWESTERN**ARIZONA**

Nationwide Seminars:
'Fight the Problem'
Call Steve (602) 391-1211
or Barbara (602) 924-0975
or Walter (602) 792-8021

NEW MEXICO

Albuquerque
Contact Bill (505) 268-6535

COLORADO

Denver

4th Sat. each month - 1:00 pm
Cherry Creek Branch,
Denver Public Library
3rd & Milwaukee
Contact Roy (303) 221-4816

TEXAS

Houston Area Meeting
Contact Lucy (713) 975-1883
or Pat (713) 785-5746

CANADA**BRITISH COLUMBIA**

Vancouver and Mainland
Sat., Oct. 30, 1993 - 1 pm
Call Ruth (604) 925-1539

Victoria &

Vancouver Island

Tues., Oct. 19, 1993 - 7:30 pm
Tues., Nov. 16, 1993 - 7:30 pm
(3rd Tuesday each month)
Contact John (604) 721-3219

**UNITED KINGDOM
AFFILIATED GROUP**

Adult Children Accusing Parents
Parents with relatives in the UK can
contact

Roger Scotford at ACAP on
(0) 225 868682

ARTICLE ORDER FORM

Send a stamped self-addressed envelope to the office if you would like the most recent list of articles available through the Foundation. (Dated September 21, 1993) Ask for "Article Order Form."

"History and the pitfalls of practice"

by Paul McHugh, M.D., Chief of Psychiatry, Johns Hopkins Hospital

Excerpt from paper presented at Memory and Reality Conference, Valley Forge, April 16-18, '93

To appear, Freyd, P et al Memory and Reality:

The witch-craze of the 16th and 17th centuries "made clear that validation means something much more than proposing ways -- even consistent ways -- to make the diagnosis even of something that does not exist. That is, the witch hunters received explicit and operational ways of identifying witches. They taught each other and wrote their procedures in a large and influential book. This book entitles Malleus Maleficarum or the Hammer of Witches spelled out in exquisite detail the kinds of behaviors that characterize the witch and identify the evidence on her body of congress with devils, incubi and succubi. The Malleus had as its epigraph: Haeresis est maxima opera maleficarum non credens ("to disbelieve in witchcraft is the greatest of heresies").

What was learned from this that might illuminate practices with repressed memories? First: The fact that there is a manual telling how to recognize the manifestations of repressed memories does not confirm them. It is an exercise in creating a consistent approach to the diagnosis amongst therapists -- a uniformity of diagnostic practice and does not validate the presumed abusive experience....

The issue for repressed memories is validation -- and validation in every case when it appears. What that means is that the therapist must confirm the actual abuse before he or she launches into therapy. Some therapists will react strongly and very negatively to the requirement that they must confirm an opinion when they wish to get on with therapy. However the effort at finding external confirmation of a diagnostic opinion is a standard practice with all psychiatric disorders and must be emphasized when what is claimed is a serious, criminal offense and a devastation to family unity.

It is not required that the therapist himself or herself carry out the diagnostic validation. This can be turned over to an open minded consultant who can press through hospital and school records, reach external informants, and assess all the parties involved in the charges. But to treat for repressed memories without any effort at external validation is malpractice pure and simple; malpractice on the basis of standards of care that have developed out of the history of psychiatric service -- as with witches -- and malpractice because a misdirection of therapy will injure the patient and the family."

Dr. McHugh's full paper along with other Memory and Reality Conference papers and articles for which we have permission to reproduce are available through the Foundation. Send a stamped self-address envelope and ask for an "Article Order Form." These forms are now included in introductory packets, but people who contacted us in the past might like to have them. We plan to list new available articles monthly in the newsletter.

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Pamela Freyd, Ph.D., Executive Director
FMSF Scientific and Professional Advisory Board

October 1, 1993

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